CITY OF ATLANTA DEPARTMENT OF PARKS, RECREATION & CULTURAL AFFAIRS BUREAU OF RECREATION

Registration Form

Camp Site/Recreation (Center:		Date:	
Type of Activity:			Child's Phone#	Į į
Child's Name	aton wine, steps to the steps of the step of the s	u facili. Deserbition — a Suscending different brighter a succe	Sex:	
School:	4	D.O.B.;	Age;	Grade:
Physical and/or other li	mitations:			
Food limitations:	- compagnitive	Allergies:	Medications:	
Physician's Name:		and the same of th	Phone#:	
Insurance/Medicaid:	S STATE OF THE STA		Policy#:	
Parent/Guardian Name	7		Parent/Guardia	n SS#:
Address:	~	City:	State:	Zip Code:
Telephone#:		Work/Business#:	٠.	Emergency# :
Contact Person:		Relationship:	***	Phone #
Case Worker:		, consecutive,	Area Office:	
Parent/Guardian at the time of registration, please present one of the following documents and picture ID as proof of residency. 1. Electric Bill #				
3. Telephone Bill #				
	☐ RESIDENT	☐ NON-RES	DENT	
Payment				
Amount Paid:	Date of Payment		☐ Check	□ M.O.
Check #:	M.O. #:	Receipt #:	71/02/2004/09/09/09/09/09/09/09/09/09/09/09/09/09/	
Covers: 🗆 1 Child	🗆 2 Children	☐ 3 Children	☐ 4 Children	
Insurance:	☐ Yes	☐ No If yes amount	paid:	
Please make check or money order payable to: CITY OF ATLANTA BUREAU OF RECREATION. Please request a receipt for amount paid each time. Make sure the child's name, the name of the center/camp and the receipt number is placed on each check. Please call 817-6766 if you do not receive a receipt.				
Registration Agreement				
 Fees are due at the time of registration. No requests for registration refunds will be accepted after the third week of the start date. Proof of age is required (birth certificate/school ID) upon registration. In order to secure a slot for a recreation program, a minimum of one week advance payment is required upon registration. In case of injury to the program participant requiring medical assistance, parents/guardians will be notified; the participant will be taken to the nearest hospital. Parent/Guardian will be responsible for paying all related expenses. Permission forms must be signed and returned prior to the participant going on any trips, otherwise the recreation staff will use their discretion to leave the participant at the site with staff supervision. Parent/Guardian signature agrees to indemnify and hold harmless the City of Atlanta from claims, demands and judgments arising at any time his/her child is participating with the City of Atlanta Bureau of Recreation programs. Further, I hereby grant full permission to the presenters of this center to use any photographs, videotapes, recording or any other record of events for any purpose. Parent/Guardian by placing your signature below, you agree to all rules and regulations of the Center/Camp, and that you have carefully read the registration form. Parent/Guardian are required to inform campers that they must remain at camp all day until they are picked up. If campers leave site without permission they will be expelled from camp. 				
Parent/Guardian Signatu	re	ac .		Date
Recreation Staff/Campsi	te Director Signature			Date